



# City of Seattle

Department of Planning and Development  
www.seattle.gov/dpd

## DPD APPLICANT SERVICES CENTER

Location: 20<sup>th</sup> floor of Key Tower  
Address: 700 Fifth Avenue, Suite 2000  
Seattle, WA 98104-5070  
(206) 684-8850

### EARTHQUAKE DAMAGE REPAIR PERMIT APPLICATION

(See Client Assistance Memo #316 for qualified projects)

#### THIS SECTION TO BE FILLED IN BY BUILDING OFFICIAL

Property Address: \_\_\_\_\_  
Project Description: \_\_\_\_\_

Building ID # \_\_\_\_\_ GIS Map # \_\_\_\_\_ Zoning: \_\_\_\_\_  
Permit P/U ☐ Mail ☐ ECA/ESA ☐ ECA Category # \_\_\_\_\_ Shoreline ☐ Historical ☐ Greenbelt ☐

1 set Location Plan ☐ Yes ☐ No  
3 sets Plot Plan ☐ Yes ☐ No  
2 sets Elevation Plan ☐ Yes ☐ No

DPD Value: \_\_\_\_\_  
Alterations: \$ \_\_\_\_\_  
Addition: \$ \_\_\_\_\_

#### PERMIT COST

Construction \$ \_\_\_\_\_  
Demolition \$ \_\_\_\_\_  
Mechanical \$ \_\_\_\_\_  
Investigation \$ \_\_\_\_\_  
Land Use \$ \_\_\_\_\_  
Bldg Surcharge \$ \_\_\_\_\_

Receipt Number: \_\_\_\_\_  
Project Number: \_\_\_\_\_  
Permit Specialist (initials) \_\_\_\_\_ Date: \_\_\_\_\_  
Address Established (initials and okay) \_\_\_\_\_  
Establish Address Form Completed on \_\_\_\_\_ (date)

**TOTAL** \$ \_\_\_\_\_

Routing: ☐ OIN ☐ OA ☐ OP ☐ OZ ☐ Z ☐ OO ☐ SI ☐ SH ☐ A ☐ OIS

#### THIS SECTION TO BE FILLED IN BY APPLICANT

Legal Description (if legal is too long, attach it to this from):  
\_\_\_\_\_  
\_\_\_\_\_

Owner/Lessee \_\_\_\_\_ Assessor's Parcel Number \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Relocation Exempt: ☐ Owner Occupied ☐ No Residential Tenant Displacement

#### I UNDERSTAND THAT THIS IS A REQUEST AND DOES NOT CONSTITUTE A PERMIT

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Name (PLEASE PRINT) \_\_\_\_\_  
Relationship to Project (CHECK ONE)  
☐ Owner ☐ Lessee ☐ Licensed Architect ☐ Licensed Engineer ☐ Owner's Agent ☐ Contractor

**Agent Statement:** I certify that I am authorized by the owner/lessee to act as agent on their behalf for the purpose of obtaining this permit.

Agent's Signature: \_\_\_\_\_

If a contractor will do the work, please bring the contractor's original license or a notarized copy of it with you at time of application or send a notarized copy with this application if submitted by mail.

Contractor's Name: \_\_\_\_\_ License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_